SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO(875) APPLICANT(S) <del>10/009629</del> CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. Б9 IJ. !3 !4 :7 :8 :9 :9 TAL TOTAL TOTAL **EPZÍNIS** MAY BE LED POR ADDITIONAL OLAIMS OR AMENDMENTS V.S. DEFASTNENT & COMMERCE